

Adapt of Missouri
ITCD

Arthur Center
ITCD

Beacon Mental Health
ITCD, DBT

Bootheel Counseling Services
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
DBT, ITCD

Comprehensive Mental Health
Services
ACT-TAY, ITCD

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ACT TAY, ITCD

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

University Health
ITCD, DBT

EVIDENCE BASED SERVICES NEWSLETTER

ASSERTIVE COMMUNITY TREATMENT (ACT)

[WEB PAGE—CLICK HERE](#)

**• INTEGRATED TREATMENT FOR CO-OCCURRING
DISORDERS (ITCD)**

[WEB PAGE—CLICK HERE](#)

• DIALECTICAL BEHAVIOR THERAPY (DBT)

[WEB PAGE—CLICK HERE](#)

WINTER EDITION

2023 - 24

Hello from DMH

By Kelly Orr

Metro Eastern Region CACO

Hello and Happy New Year! This is the season where we usually reflect on the past and plan for the upcoming year, both personally and professionally. I hope that everyone will stop what they are doing (reading this) and take a moment to appreciate their accomplishments of 2023. Need more time? Wow! Good for you! :) I'll get to the planning piece in a moment.

I was asked to include a little bit about myself, my experience with Evidence Based Practices, and my position, so here's my story. I've been in the mental health field for over 30 years. I started my career in Indiana working with individuals with intellectual and developmental disabilities (I/DD) in various residential settings. I moved to St. Louis in 1999 and worked with individuals with I/DD who were involved in the criminal justice system, often working closely with staff from the Department of Mental Health (DMH). In 2007, I started my tenure with DMH as an abuse/neglect investigator and have held other DMH positions in Licensure and Certification, Affordable Housing, and Community Operations, which included six years as a fidelity reviewer for Evidence Based Practices! As far as my personal life, our three rescue dogs allow my spouse, who also works for DMH with the Division of Developmental Disabilities (no silos in our home), and I to live in their home in St. Louis. :)

I am fairly new to my current position with Adult Community Operations, having only been in this role since March. Our Metro East team is small, but mighty, and we are truly an integrated behavioral health team working with our community mental health, substance use, and recovery providers. It's hard to describe what we do, because sometimes it feels like what don't we do?? I'm sure everyone feels that way! Most everything that involves a community provider, or the behavioral health needs of our community, in general, touches our team, such as provider allocations, budgets, proposals for services, EMTs, environmental reviews, quality assurance reviews, consumer complaints, least restrictive environment reviews, collaboration with our state facilities and community providers, problem solving, overdoses, developing residential options, and various service delivery reviews to name a few. Outside of some of those day-to-day tasks, and our day-to-day successes, is our bigger picture, which leads me to our plans for the future (as promised). We are really trying to focus on the community part of community operations and step outside the comforts of our offices and computers and meet with our community to identify where there are gaps and disparities, assess the needs, and, if the way we've been doing something isn't working, determine how can we change to do better, and in doing so, better support our providers, meet the needs of our community, and improve the lives of the individuals we serve!



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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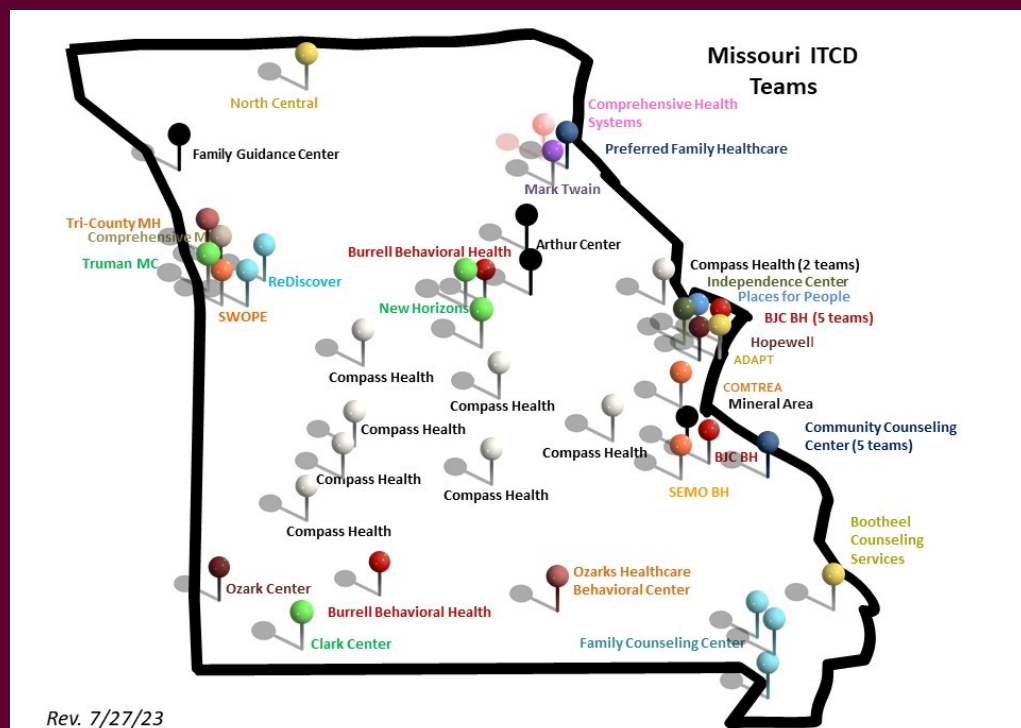
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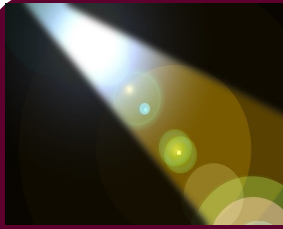
ACT Team Leader Annual Meeting

On January 4th from 10am to 3:30pm the ACT Leads met with DBH fidelity team for a day of presentations, discussion sessions and networking among themselves. Our agenda included:

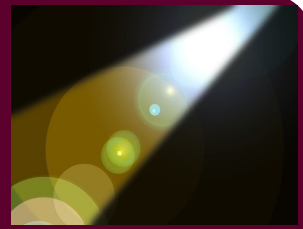
- * A DMH presentation on Developmental Disability Treatment within ACT Teams
- * ACT Team achievements, highlights and outcome data presentation
- * A group breakout networking discussion on specific population challenges, including barriers, hardships, successful ways of providing specialized treatment
- * A DMH Presentation on Psychiatric Rehabilitation
- A group breakout networking discussion on self-care

Great discussion and networking across agency team leads took place and we appreciated the opportunity to spend time, share information, allow for leads to explore and discuss with one another!

TEAM SPOTLIGHT



SWOPE Health Integrated Treatment for Co-Occurring Disorders Team



Integrated Treatment for Co-occurring Disorders at Swope Health began in 2016, while the health center began its demonstration project for designation as a Certified Community Behavioral Health Clinic (now CCBHO).

Grace Okonta, Swope Health's Integrated Treatment Specialist, has worked with the team since its inception. During the pandemic, Grace found creative ways to continue to support and keep individuals engaged and working on their recovery, sometimes through daily check-ins. Today, Grace works with new Community Support Specialists to ensure that they receive the training necessary to carry out the evidence-based practice of ITCD. Grace and the team work with multiple Swope Health providers to ensure that the physical health, mental health, and overall well-being needs of the patients are met. The comprehensive treatment team meets bi-monthly to review cases and work on plan of action collaboratively.

Michelle Blakely, Team Lead, also recently joined the ITCD team. Michelle previously served as team lead for an Assertive Community Treatment (ACT) team. Her familiarity with evidence-based practices has been extremely helpful, allowing her to get acclimated to ITCD quickly and coach her team to ensure fidelity.

Swope Health is a Federally Qualified Health Center, as well as a Certified Community Behavioral Health Organization--which is helpful for care coordination for those receiving behavioral health and primary healthcare. Being a "one-stop shop" of healthcare delivery allows the ITCD team to identify medical needs that may not have been apparent during the early stages of recovery.



Training reminder:

**ACT teams only – be sure to sign up for the
Spring Wellness Management Training Webinar Series**

with David Lynde

**Email was released to Team Leads 12/20/23 with
registration link**

Or contact Lori.Long@dmh.mo.gov

Missouri

Evidence Based Services
Newsletter

Winter 23-24

For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/employment-services>

And click on
"Youth"

Harvard for Developing Child

<https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network

<https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

[Click Here](#)

Fidelity Corner

DBT Coaching Calls

Implementing DBT teams within a community mental health agency means that there will be DBT coaching calls and agency "after hour" or "crisis assist" calls available to clients. Understanding the purpose and differences between the two, and how to inform clients about them is important.

DBT coaching is part of model fidelity DBT services and provided by a trained staff member who is part of the DBT service array. Coaching calls are brief, guidance-based calls to help the client practice their learned DBT skills to avoid a crisis. The agency hotline for after-hours is not manned with DBT trained staff who are a part of a DBT team. The purpose of the client contacting them is for crisis evaluation and possible intervention by the after-hours crisis hotline staff. Therefore, mixing the two is risky, confusing and not clinically appropriate. In addition, rotating a phone after hours among DBT members is also problematic in many ways.

DBT coaching calls are to be made available 24/7 by the DBT team for the clients, the purpose of the call is clear to them and the therapist, and clients are directed to a separate hotline service for after hours when that need arises. The DBT protocol indicates this service is available by the DBT team, regardless of how it is reimbursed.

The ideal is for DBT clients to have access to their own therapist (theoretically) 24/7. If that's through an on-call service, screening the calls, that's fine, but they ultimately need to be able to talk to their therapist.

If the DBT therapist observes their own limits and doesn't answer, clients can be instructed to go to the calling tree (maybe their own skills trainers or a back up therapist) and then call the crisis line if no one is available.

Clients CAN call their therapist during crisis, and it's preferable to using the crisis line in that the therapist is most likely to know which skills the client knows well, which ones they want them to learn, and how they best respond in a variety of situations. These are the reasons for a coaching call to a DBT therapist:

- 1) Client is in crisis and can't access/doesn't know enough skills to manage on their own.
- 2) Client is trying to prevent crisis and can't access/doesn't know skills to manage on their own.
- 3) Client is experiencing a break in the therapeutic relationship and requires contact/skills to manage.
- 4) Client wants to share a good outcome of skills use or other good news.

If the client is in crisis and can't reach someone on their DBT list, there is an agreement to contact the crisis line.

The nature of DBT coaching calls correctly provided is that the volume of calls is generally low enough that staff can "flex" a few minutes to provide the guidance to cover the need. Most therapists do the calls without tracking time--other than noting it in their therapy note (coaching calls are generally reviewed in therapy sessions).



Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT Protocol here:

<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

Have questions about WRAP trainings?

Contact

lori.franklin@dmh.mo.gov

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Department of Mental Health

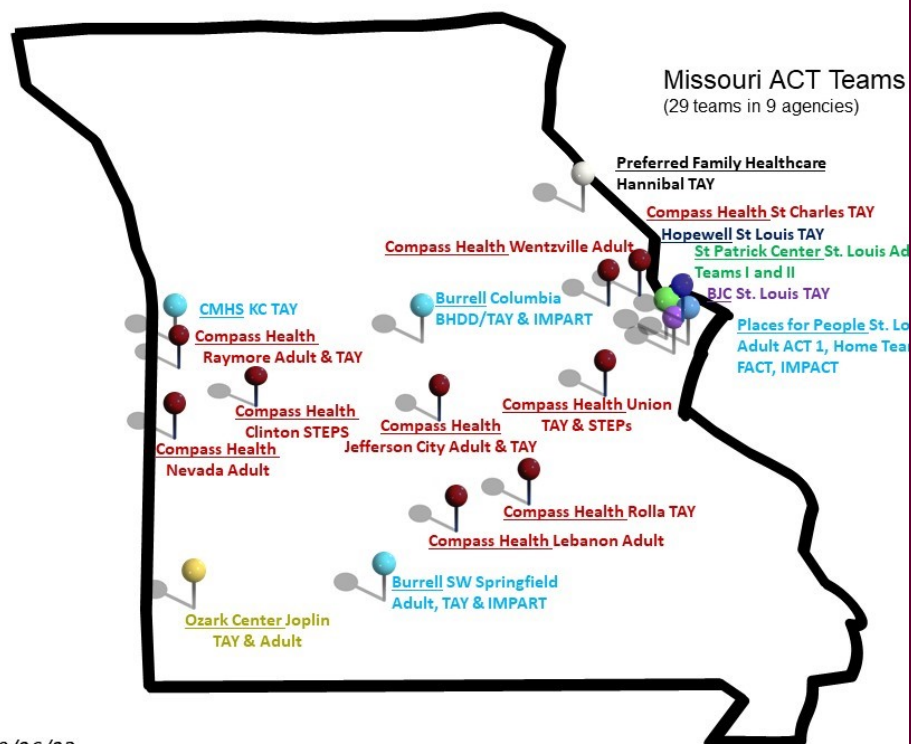
<https://dmh.mo.gov/behavioral-health>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



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To access the free and downloadable **Supported Housing Toolkit** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website:

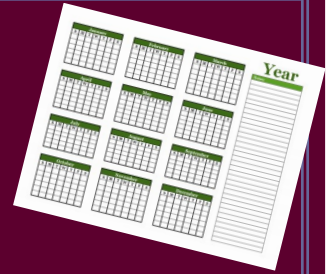
[CLICK HERE](#)



Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

Training Reminders



Hey DBT Teams!

Continued learning opportunities are coming your way! The Missouri Behavioral Health Council and The Department of Mental Health are excited to bring DBT Teams more training and learning opportunities this year! These include DBT Learning Collaboratives and Lunch & Learns to enhance knowledge and refresh skills.

Mark your calendars now on these dates to attend:

January 11 | 12:00 PM – 1:00 PM | Virtual

Register: <https://cvent.me/BwnDZa>

February 8 | 8:30 AM – 4:30 PM | Virtual

Link Pending

March 14 | 12:00 PM – 1:00 PM | Virtual

Register: <https://cvent.me/nVOOOg>

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NAMI Support
Group listings can
be found at:

<https://namimissouri.org/support-groups/>



DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

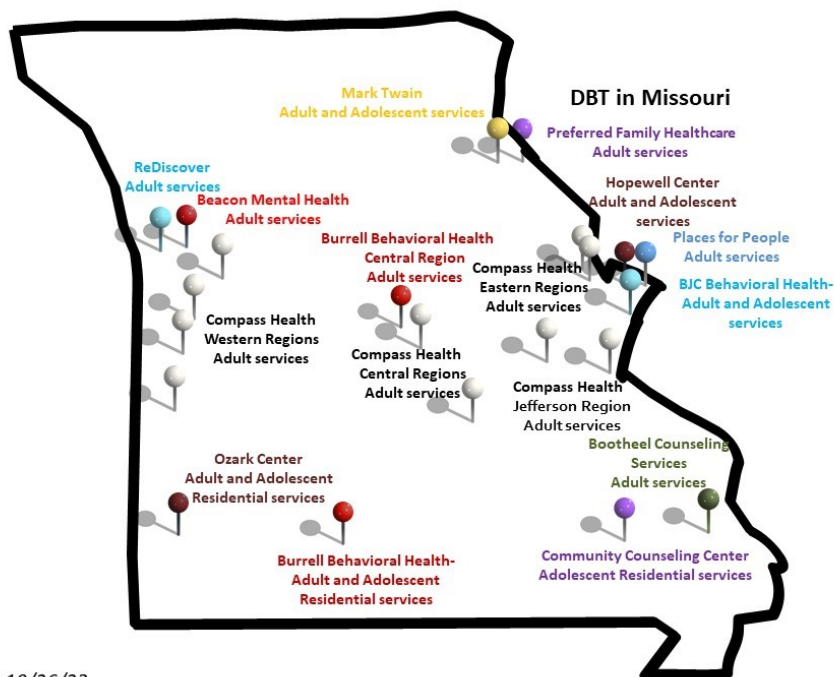
[Click Here](#)



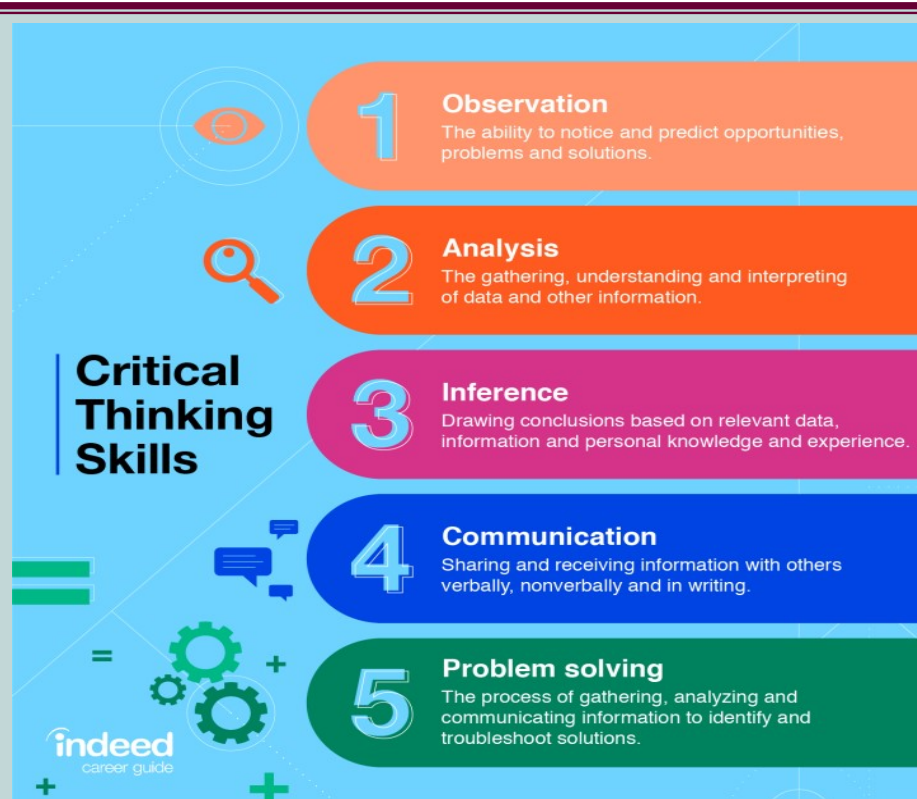
Supporting Excellence in Behavioral Health
60 YEARS

National Association of State
Mental Health Program
Directors

[Click Here](#)



Rev 10/26/23



Discover more about critical thinking at
<https://www.indeed.com/career-advice/career-development/importance-of-critical-thinking>

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If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com



RESPECT is a movement begun by international consultant Joel Slack to help educate the public by telling his personal story of the powerful impact that respect (and disrespect) has on a person recovering from a mental illness.

Find out more here:

<https://dmh.mo.gov/constituent-services/respect-institute>

Motivational Interviewing Corner

By *Scott Kerby*

As we begin a new year with fresh dreams and aspirations, let's take a fresh look at training and learning Motivational Interviewing. There is renewed excitement in the MI training community with the release of the newly updated 4th edition of *Motivational Interviewing: Helping People Grow and Change*. This latest version is full of updated language and clarity of concepts--add it to the library as soon as you can.

In my consulting work, agencies are always searching for better ways to train MI. One of the biggest struggles for most agencies is the getting away from the concept of a single training being sufficient for staff to learn and utilize MI. Across the midwest the focus often tends to be on "revamping the new hire training" or "updating the relias training". Those are great projects that can be helpful, and yet the biggest issue is not the content or delivery of those trainings. In my review of multiple agency's materials for training MI, the content is solid. It is the concept that is flawed--there is no one training of MI that changes clinician behavior, based on the research. It doesn't matter how good the new hire training is--without follow-up training that typically includes practice, observation, and feed-back, clinician behaviors just don't seem to change over time. A great deal of effort is put into improving a 1 or 3 hour training that is doomed to fall short of its intended goal, because that training cannot produce what is being asked of it. And lest you think, "well, let's bring in a fancy trainer for a full 2 day training. That ought to do it!", the bad news is that even those trainings, by the best trainers, fail to produce meaningful behavior change in clinicians when checked 6 months after training.

One of my goals in the new year is to spend more time focused on follow-up training than initial training. Here are some tools to help you do that, some of which will be familiar, and others that are not. The first is the workbook "Building Motivational Interviewing Skills" by David Rosengren. It is full of exercises that can be used for follow-up practice and training. Learning to code and give feedback on MI is incredibly valuable. One of the best tools out there for that is the Motivational Interviewing Treatment Integrity Scale (MITI 4.2). It does take training and practice to use this tool, but you can often find trainings on the MINT website for this. Some other useful coding tools include the MICA (Motivational Interviewing Competency Assessment) and BECCI (Behavior Change Counseling Index). Here are a few written tools that can help in providing feedback and coaching. The Helpful Responses Questionnaire (HRQ) consists of 6 client statements, and clinicians respond in 2 sentences or less. These responses are then scored on a 5 point likert scale. This is a more simple tool that can be utilized without hours of training. There are also several tools based on the HRQ including the Officers Response Questionnaire (ORQ), which targets probation/parole officers, and the Workers Response Questionnaire (WRQ) for justice involved work.

New tools are being developed and studied each year, and there is promising work being done with AI to provide effective feedback to clinicians. In 2024, as you seek to grow and train MI well, please consider investing more time in follow-up training so that staff can actually learn the skills of MI, and not just about it. Happy New Year, and until next time, keep reflecting.



Arts & Literature

Expression



Creativity

Send art (photos, photos of artwork, testimonials, poems, etc.) to Lori Long at lori.long@dmh.mo.gov for submission to this newsletter.

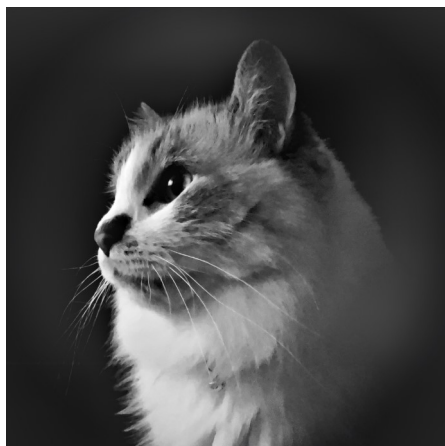
Please indicate if the artist wishes to be named along with the location/team they receive services from.

Thank you!

My name is Debbie. I am in recovery from a co-occurring disorder. I am 53 years old. I had two loving parents that were abusive alcoholics. They were unaware of this and how their behaviors would affect me. Being raised in this environment started me on the road of addiction. At the age of 13, I became an alcoholic. After their deaths, I became a meth addict. I would beg, borrow, and steal to get my fix; I was a full-blown junkie. There were several times that I would try to get clean and sober, especially after incarceration and hospitalization, but I could not. I believe God to be my higher power, but I did not trust him. I could not trust anyone. The people closest to me feared they would find me dead. Shoot, I had the same fear. I would stay up at night fearing I would not wake up tomorrow, but thinking to myself "at least I'm high right now." On November 3, 2022, I was rushed to Freeman Hospital ER by my CSS, Kim F. We did not have time to wait for EMS to arrive. The hospital said if I had waited another hour and I would have died. The only thing that saved me was prayers and my CSS. She had never given up on me. I have been receiving services (in Joplin) for the past 20 years but not applying it to my life. This time it was different for me, I was going to give it my all. Going backwards was not an option this time. I do not have another relapse in me. I have let them teach me about my condition and ways to better myself. Now, I am very grateful for what (my team) has done for me and is still doing. I just have to apply it. Thank you.

Debbie

Joplin, MO



"Mister Catamari"

Taken by Rachel Elliot
Kansas City, MO